



If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is ☒ asbestos waste, complete only Sections I, II and III

No. 014333

Section I GENERATOR (Generator completes all of Section I)

1. Generator Name: MC Donnell Douglas b. Generating Location: SAME AS A & C
2. Address: 1414 W 190th Street d. Address: SAME AS A & C
Torrance CA 90501-

3. Phone No.: _____ f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

BFI WASTE CODE

C	A	1	2	5	4	9	8	0	9	0	2
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 Containers

A	C	M	0	0	4
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Description of Waste: Uncontaminated friable k. Quantity

0	0	0	5	0
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 Units

Y	3
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 No.

0	2
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 TYPE

T

and/or non-friable asbestos (ACM)

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name Jorge M. Camacho Signature Jorge M. Camacho Shipment Date

1	0	0	3	9	7
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TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: S & R Services, Inc.
b. Address: 9448 Gull Circle
Fountain Valley, CA 92708
c. Driver Name / Title: Ben Rittabauer PRINT / TYPE
d. Phone No.: (714) 962-5567 e. Truck No.: 201401
f. Vehicle License No. / State: CP13425
Acknowledgement of Receipt of Materials.
g. Driver Signature [Signature] Shipment Date

1	0	0	3	9	7
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TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name / Title: _____ PRINT / TYPE
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No. / State: _____
Acknowledgement of Receipt of Materials.
n. Driver Signature _____ Shipment Date

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Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: La Paz County Landfill c. Phone No.: (520) 669-4558
b. Physical Address: 26999 Highway 95, Mile Post 128 d. Mailing Address: 601 Riverside Drive, Suite 11
Parker, Arizona 85344
e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent [Signature] Signature [Signature] Receipt Date

1	0	0	3	9	7
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Section IV ASBESTOS (Generator complete a-d, f, g, Operator * completes e.)

a. Operator's * Name: _____ b. Operator's * Phone No.: _____
c. Operator's * Address: _____
d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's Name & Title: _____ Operator's * Signature _____ Date

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f. Name and Address of Responsible Agency: Region IX, / SCAQMD - 21865 E. Copley Dr., Diamond Bar CA 91765 / ADEQ -
Air Quality Dept. -3033 N. Central Ave. Phoenix, AZ 85012-Attn: John Marting

☒ % friable ☐ % nonfriable

BOE-C6-0095844